

## Initial Assessment – Primary

**Note:** If you are an Alternative Response county, see the Alternative Response Quick Reference Guide.

**Note:** To create an Initial Assessment – Primary, assignment to the case is needed.


### Related Quick Reference Guides:

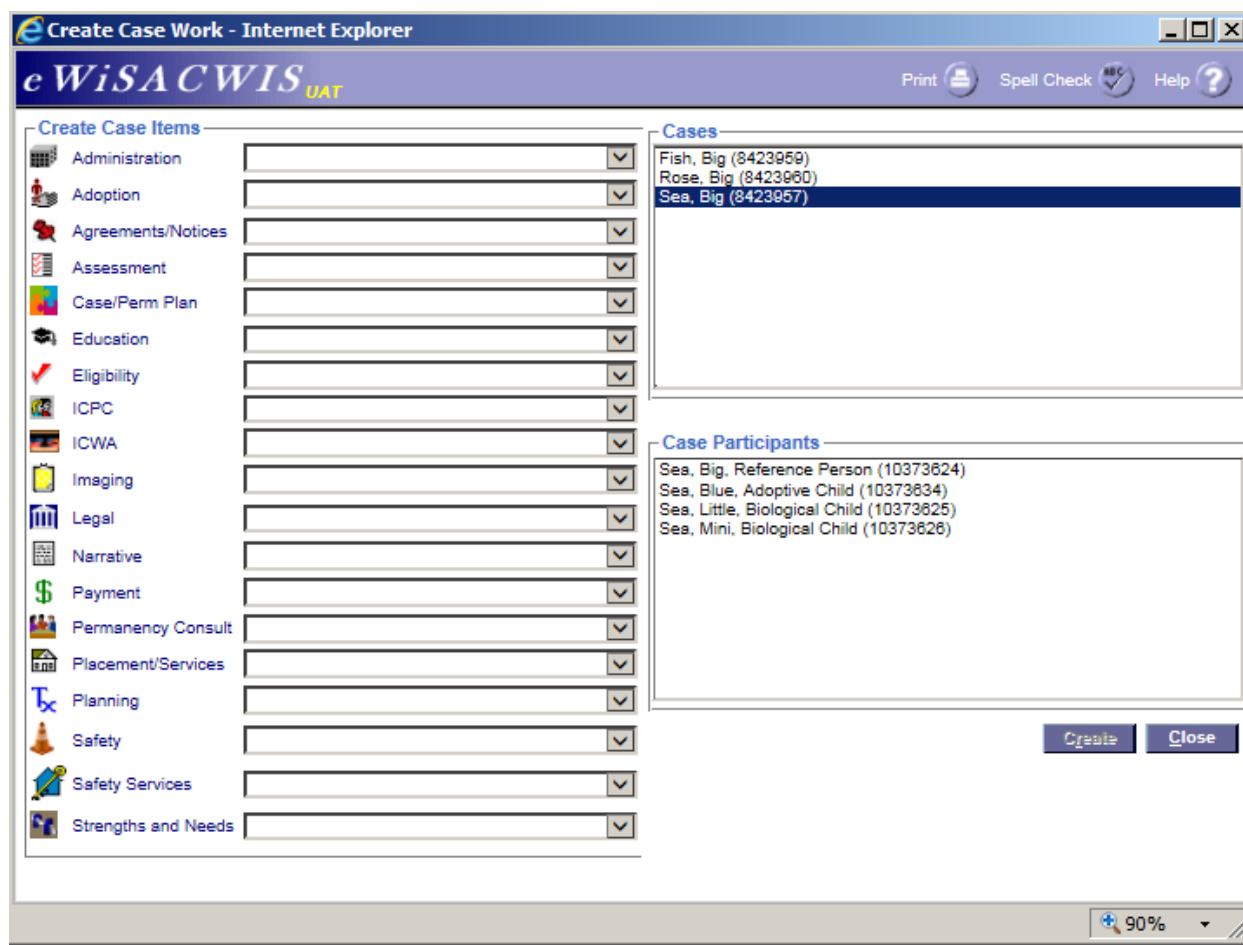
[Documenting ICWA](#)

[Initial Face-to-Face Contacts](#)

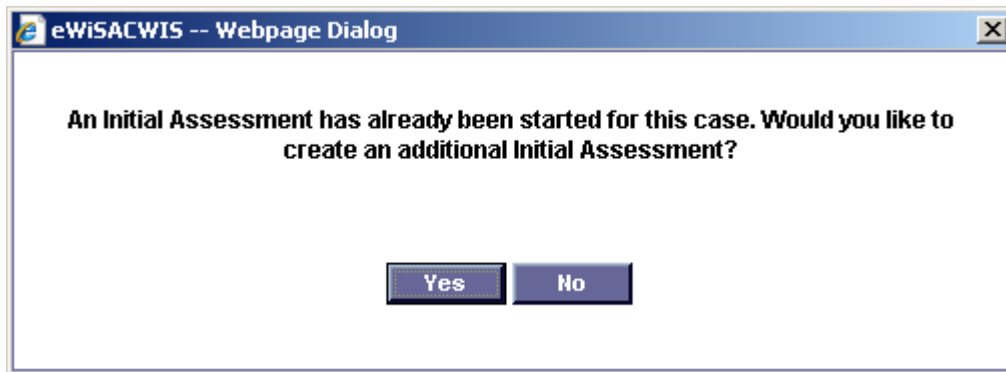
[Notification & Review Process for Substantiated Maltreaters](#)

[Serious Incident \(Act 78\)](#)

1. From the desktop, click Create > Case Work or click the Case Work hot button  to open the Create Case Work page.
2. On the Create Case Work page, select 'Assessment' from the Assessment drop-down, and select the family from the Cases group box. Click Create.

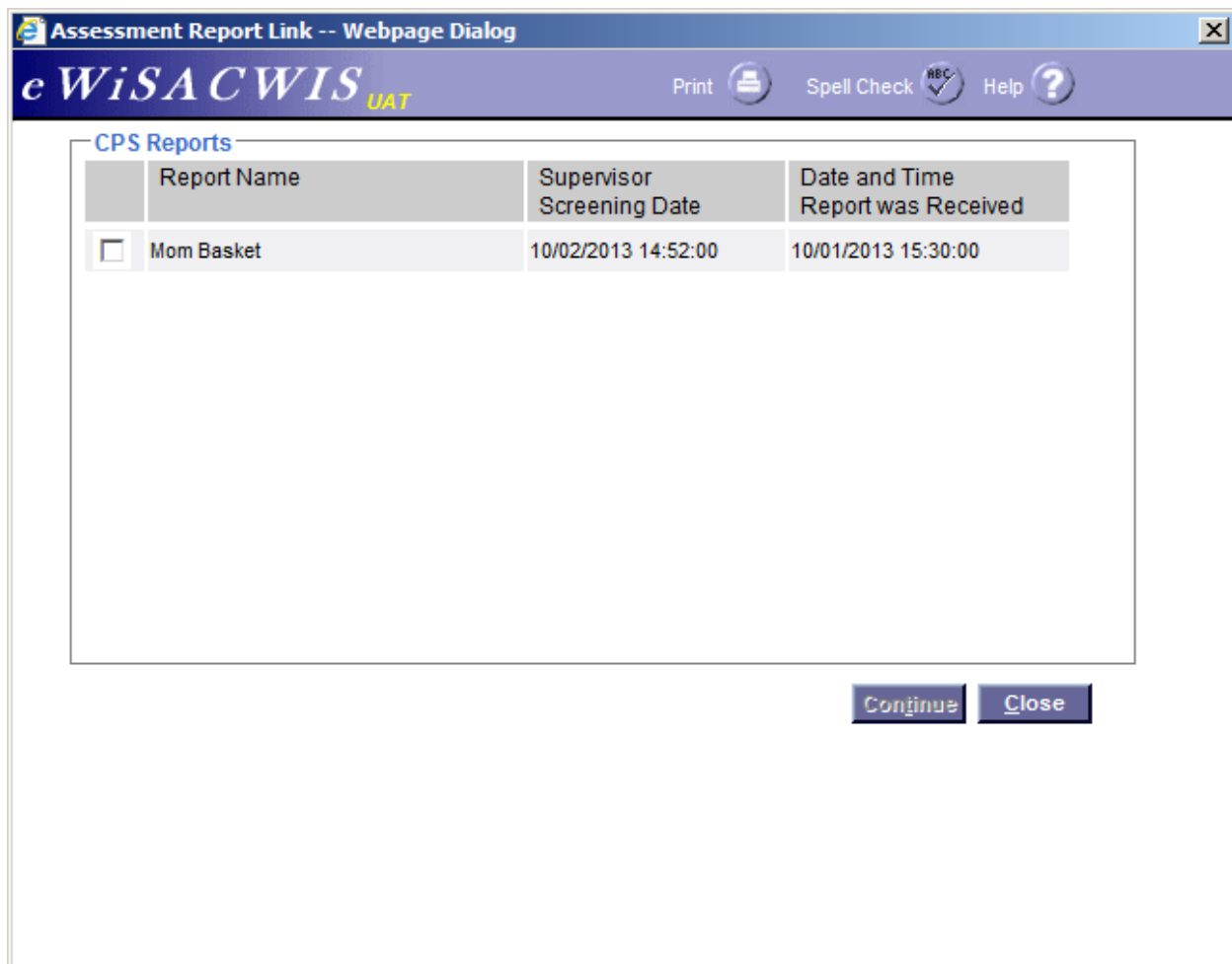


3. If a pending assessment exists, the following message will display:



Click Yes to open the Assessment Report Link page. Click No to close the message and return to the desktop.

4. If a pending assessment does not exist, the Assessment Report Link page opens and shows all screened-in CPS Reports available to be linked to the Assessment. Select the checkbox next to the CPS Report(s) to be linked and click Continue to open the Assessment page.



## Assessment- Participants Tab

5. The Assessment page opens to the Participants tab. Click the [Roles](#) hyperlink to add the role of Alleged Maltreater to the appropriate participant(s).
  - Additional active case participants can be added by clicking Insert.
  - Select the [Create/View ICWA Record](#) hyperlink to complete the Child's ICWA record. See the ICWA Quick Reference Guide for more information.

The screenshot displays the eWiSACWIS UAT web application interface. The main window is titled "Assessment - Internet Explorer" and shows the "Assessment" page with the "Participants" tab selected. The assessment details are: Name: Fish, Big; Assessment ID: 8377258; Status: Open; Response Time: Within 5 business days; Date: 05/02/2018. The "Assessment Participants" table lists one participant: Big Fish, Female, DOB 01/01/1985, Race Native Hawaiian/Other Pacific Islander, with roles AM-PR-RN. A "Roles" dialog box is open, showing a list of roles with checkboxes. The roles "Alleged Maltreater" (AM), "Parent/Parental Role" (PR), and "Report Name" (RN) are selected. The dialog box has "Continue" and "Close" buttons at the bottom. The main window also has "Continue" and "Close" buttons at the bottom right.

Name	Gender	DOB	Race	Roles	Edit Roles
Big Fish	Female	01/01/1985	Native Hawaiian/Other Pacific Islander	AM-PR-RN	<a href="#">Roles</a>

Select	Roles Description	Code
<input checked="" type="checkbox"/>	Alleged Maltreater	AM
<input type="checkbox"/>	Alleged Victim	AV
<input type="checkbox"/>	Household Member	HM
<input type="checkbox"/>	Non-Household Member	NM
<input checked="" type="checkbox"/>	Parent/Parental Role	PR
<input checked="" type="checkbox"/>	Report Name	RN
<input type="checkbox"/>	Reporter	RP

## Assessment- Basic Tab

6. Next, click on the Basic tab. Select the appropriate Living Arrangement of the Child(ren) drop-down option and up to three Family Characteristics/Conditions.
  - If there are no applicable characteristics or conditions, select 'None Observed.'

The screenshot displays the eWiSACWIS UAT web application in a Windows Internet Explorer browser window. The address bar shows the URL: <https://appsa.dcf.wisconsin.gov/> - Assessment - Windows Internet Explorer. The application header includes the eWiSACWIS UAT logo and navigation links: Resource, TM, Print, Spell Check, and Help.

The main content area is divided into two tabs: **Assessment** and **Report**. The **Assessment** tab is active, showing the following information:

- Name: Basket, Mom
- Assessment ID: 9222051
- Status: Open
- Response Time: Same Day
- Date: 10/01/2013

Below this information is a navigation bar with five tabs: **Participants**, **Basic**, **Allegations**, **Contacts**, and **Results**. The **Basic** tab is selected.

The **Basic** tab contains the following sections:

- Case Name Information**: A form with fields for C/O, Street # (123), Street, Apt., City (Monona), State (WI), Zip (53716), Country (United States), Phone ((608)123-4545), Ext., Alt. Phone, Alt. Ext., Fax, and Language Preference (English).
- Living Arrangement of the Child(ren)**: A dropdown menu showing "Married two parent household, with two biological/adoptive parents".
- Family Characteristics/Conditions**: Three dropdown menus. The first is set to "None Observed". The other two are empty.

At the bottom of the form, there is an "Options:" label, a dropdown menu, and a "Go" button. To the right are "Save" and "Close" buttons. The browser window's status bar at the bottom right shows a zoom level of 100%.

## Assessment- Allegations Tab

- The Allegations tab prefills with the allegations documented on the CPS Report. Complete the allegation(s) by clicking the [Edit](#) hyperlink to open the Allegation (Assessment) page. Select the appropriate maltreatment determination, date of maltreatment, and answer the remaining questions by selecting the appropriate radio buttons. Additional fields may be required depending on the answers selected.

**Note:** If a death has occurred, see the section “Recording a Date of Death for a Child” of this guide.

**Note:** If allegations rise to the level of a Serious Incident, Wisconsin Act 78 requires county agencies and the Division of Milwaukee Child Protective Services (DMCPS) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. See the Serious Incident (Act 78) Quick Reference Guide for more information.

- Additional allegations can be added. Click Insert within the Allegations group box to open the Allegation (Assessment) page. In case of unborn child abuse, both the Alleged Maltreater and Determination fields are defaulted and disabled to N/A – unborn Child

**Assessment - Internet Explorer**

**eWiSACWIS UAT** Resource TM Print Spell Check Help

**Assessment**  
Name: Basket, Mom      Assessment ID: 9222451      Status: Open

**Report**  
Response Time: Within 5 business days      Date: 10/01/2013

Participants      Basic      **Allegations**      Contacts      Results

**Allegations**

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
<input checked="" type="radio"/> 9007241	Kid Basket	Physical Abuse Describe	Pending	10/01/2013	N		N	<a href="#">Edit</a>

**Maltreater(s)**

Alleged Maltreater:  Relationship to Victim:  Determination:

The basis for this determination is as follows:

☐ Independent Investigation      County of Origination:       ☐ Is the alleged victim(s) in Agency legal and/or physical custody

**Insert**      **Save**      **Close**

Assessment - Internet Explorer

**eWiSACWIS** UAT

Resource TM Print Spell Check Help

**Assessment**  
 Name: Fish, Big      Assessment ID: 8377258      Status: Open

**Report**  
 Response Time: Within 5 business days      Date: 05/02/2016

Participants      Basic      **Allegations**      Contacts      Results

**Allegations**

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
9142191	Unborn Fish	Unborn Child Abuse <a href="#">Describe</a>	Services Needed	04/29/2016	N	N	N	<a href="#">Edit</a>

[Insert](#)

**Maltreater(s)**

Alleged Maltreater	Relationship to Victim	Determination
N/A - Unborn Child	Biological Parent(s)	N/A - Unborn Child

The basis for this determination is as follows:

[Insert](#)

☐ Independent Investigation      County of Origination:

☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#)      [Close](#)

90%

9. When inserting a new allegation, select an Alleged Victim from the drop-down. If the alleged victim is an unborn child, the Abuse/Neglect code is automatically defaulted and disabled to Unborn Child Abuse. Additionally, for an unborn child, all the three Yes/No questions in this page are defaulted and disabled to “No” option.

**Allegation (Assessment) -- Webpage Dialog**

**eWiSACWIS UAT** Print Spell Check Help

**Allegation**

Alleged Victim: Unborn Fish

Abuse/Neglect Code: Unborn Child Abuse

Description: Unborn Child Abuse

Determination: Pending

**Date or Approximate Date of Alleged Maltreatment:** 00/00/0000

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: [Details](#) ☐ Yes ☒ No

☐ Serious injury, as determined by a physician [Details](#)

☐ Death / Alleged maltreatment [Details](#)

☐ Egregious incident [Details](#)

☐ Death / Alleged suicide in OHC

[DCF memo 2010-01](#) [Act 78](#)

**Save Close**

**Note:** If Unborn Child Abuse is selected for the Abuse/Neglect code, the only Determination values available are Pending, Unable to Locate, Services Needed, and Services Not Needed.

10. If the alleged victim is not an unborn child, select the type of abuse or neglect from the Abuse/Neglect Code drop-down. Next, click the [Description](#) hyperlink to open the Description page. Select up to three values that apply and click Continue to add and return to the Allegation (Assessment) page.

Description -- Webpage Dialog

**eWiSACWIS** UAT

Print Spell Check ABC Help ?

**Descriptions**

Select	Description	Select	Description	Select	Description
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Lack of Supervision	<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	Abusive Head Trauma	<input checked="" type="checkbox"/>	Malnutrition	<input type="checkbox"/>	Shaken Baby/Shaken Impact
<input type="checkbox"/>	Blunt Force Trauma	<input type="checkbox"/>	Manufacturing Meth	<input type="checkbox"/>	Subdural Hemorrhage/ Hematoma
<input type="checkbox"/>	Bruising	<input type="checkbox"/>	Medical Crisis-No Care b/c of Religion	<input type="checkbox"/>	Threatened Abuse/Neglect
<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Medical Neglect of a Disabled Infant	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Cut/Laceration/Bite	<input type="checkbox"/>	Mutual Sexual Activity	<input type="checkbox"/>	Unable to Locate Children
<input type="checkbox"/>	Dislocation/Sprain/ Bone Fracture	<input type="checkbox"/>	No Indicators/Injuries Observed	<input type="checkbox"/>	Unborn Child Abuse
<input type="checkbox"/>	Drug Affected Infant	<input type="checkbox"/>	Other Indicator/Injury	<input type="checkbox"/>	Untreated Injury/Lack of Medical Care
<input type="checkbox"/>	Exposure to Elements or Environmental Hazards	<input type="checkbox"/>	Other Medical Neglect		
<input type="checkbox"/>	Exposure to genitals/pubic areas	<input type="checkbox"/>	Permanent Impairment		
<input checked="" type="checkbox"/>	Failure to Thrive	<input type="checkbox"/>	Pregnancy		
<input type="checkbox"/>	Forced Viewing of Sexual Activity	<input type="checkbox"/>	Prostitution		
<input type="checkbox"/>	Genital Area Bruising, Red/Swollen, Fissures/Tears	<input type="checkbox"/>	Retinal Hemorrhage		
<input type="checkbox"/>	Internal Injury	<input type="checkbox"/>	Serious Lack of Hygiene		
<input type="checkbox"/>	Lack of Care Due to Poverty	<input type="checkbox"/>	Severe Emotional/Behavioral Problems		
<input checked="" type="checkbox"/>	Lack of Necessary Care	<input type="checkbox"/>	Sexual Contact/Intercourse		
		<input type="checkbox"/>	Sexual Exploitation		

[Continue](#) [Close](#)



11. Select the appropriate Determination and enter the Date or Approximate Date of Alleged Maltreatment. Select the appropriate answer for the remaining questions.

**Allegation (Assessment) -- Webpage Dialog**

**eWiSACWIS UAT** Print Spell Check Help

**Allegation**

Alleged Victim: Baby Basket

Abuse/Neglect Code: Neglect

Description: Failure to Thrive-Lack of Necessary Care-Malnutrition

Determination: Substantiated

**Date or Approximate Date of Alleged Maltreatment:** 10/01/2014

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: ☐ Yes ☒ No

☐ Death / Alleged maltreatment Details

☐ Death / Alleged suicide OHC

☐ Serious injury Details

☐ Egregious incident Details

[DCF memo 2010-01](#) [Act 78](#)

**Save Close**

### ***Serious Incidents***

- If 'Yes' is selected for Serious Incident, select the appropriate checkboxes related to the Serious Incident.
- If allegations rise to the level of a Serious Incident, Wisconsin Act 78 requires county agencies and the Division of Milwaukee Child Protective Services (DMCPS) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. See the Serious Incident (Act 78) Quick Reference Guide for more information.
- Click the [DCF memo 2010-01](#) and [Act 78](#) hyperlink to access the memo and act regarding Child Welfare Public Disclosure 2009 Wisconsin Act 78.

**Note:** If a death has occurred, see the section "Recording a Date of Death for a Child" of this guide.

12. Click Save when completed. Click Close to return to the Assessment page.

13. Next, complete the Maltreater(s) group box on the Allegations tab. For substantiated allegations, complete the narrative for the ‘The basis for this determination is as follows:’

- Only individuals with the role of ‘AM’ (Alleged Maltreater) on the Participants tab will be available in the Alleged Maltreater drop-down.

Assessment Participants

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">Baby Basket</a>	Male	01/01/2013	White	AV-HM	<a href="#">Roles</a>
<a href="#">Dad Basket</a>	Male	02/02/1980	White	AM-PM-PR	<a href="#">Roles</a>
<a href="#">Mom Basket</a>	Female	10/10/1980	White	AM-PM-PR-RN	<a href="#">Roles</a>
<a href="#">Kid Basket</a>	Female	10/10/2002	White	AV-HM	<a href="#">Roles</a>
<a href="#">Madison Teacher</a>	Female	12/12/1970	Black/African American	RP	<a href="#">Roles</a>

- Each allegation may have different maltreaters. Select the radio button next to the allegation to view the maltreater(s) for that allegation.
- Click Insert within the Matreater(s) group box to add a maltreater for an allegation. For example, when both parents are alleged maltreaters, only one maltreater row will exist from the access report. Insert an additional row for the second parent.

**Note:** If Unborn Child Abuse is indicated the Alleged Maltreater will automatically prefill as ‘N/A – Unborn Child’ and Maltreater Determination as ‘N/A- Unborn Child’. An Unborn Child Abuse determination does not require the Maltreater Review process.

**Note:** At least one substantiated maltreater must be identified when the maltreatment has been substantiated.

**Note:** If maltreatment is unsubstantiated, all maltreaters will default to unsubstantiated.

### Assessment- Contacts Tab

14. The Contacts tab is view only; displaying any linked Assessment Contacts. If no contacts have been entered yet, the page will be blank.

The screenshot shows the eWiSACWIS UAT interface in a Windows Internet Explorer browser. The address bar displays "https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer". The page title is "eWiSACWIS UAT". The navigation bar includes "Resource", "TM", "Print", "Spell Check", and "Help". The main content area has two tabs: "Assessment" and "Report". The "Assessment" tab is active, showing "Name: Basket, Mom", "Assessment ID: 9222051", and "Status: Open". The "Report" tab shows "Response Time: Same Day" and "Date: 10/01/2013". Below the tabs is a sub-tab bar with "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Contacts" sub-tab is active, displaying a table with the following headers: "Note ID", "Name", "Affiliation/Relationship", "Title", "Date", and "Contact Date/Time". The table is currently empty. At the bottom right of the table area are "Save" and "Close" buttons.

Once entered, each contact will display:

The screenshot shows the eWiSACWIS UAT interface with the "Contacts" sub-tab active. The table now contains three rows of data:

Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
9224477	Basket, Baby			10/02/2014	10/02/2014 08:30 AM
9224477	Basket, Kid			10/02/2014	10/02/2014 08:30 AM
9224477	Basket, Mom			10/02/2014	10/02/2014 08:30 AM

## Assessment- Results Tab

15. The Results tab is mostly view only and prefills information from completed work on the Assessment, including the Safety Assessment, Analysis and Plan. It also prefills information based on the type of Assessment being entered.

- If the child is under three years old and has a substantiated allegation(s), their name will appear in the Birth to Three Referral Information group box. The Referred drop-down must be answered in order to approve the Assessment.

The screenshot shows the eWiSACWIS UAT web application in a Windows Internet Explorer browser window. The address bar shows the URL: https://apps.dcf.wisconsin.gov/ - Assessment - Windows Internet Explorer. The application header includes the eWiSACWIS UAT logo and navigation links: Resource, TM, Print, Spell Check, and Help. The main content area is divided into two tabs: Assessment and Report. The Assessment tab is active, showing the following information:

- Assessment Information:** Name: Basket, Mom; Assessment ID: 9222051; Status: Open.
- Report Information:** Response Time: Same Day; Date: 10/01/2013.
- Participants:** Basic, Allegations, Contacts, Results.
- Assessment Results:** Result: Substantiated.
- Disposition:** (Empty field).
- Family RA Future A/N:** Abuse Score, Neglect Score, Risk Level.
- Safety Assessment:** Safety Decision.
- Strengths and Needs:** Needs Level.
- Initial Face-to-Face Contact Information:** Initial Face-to-Face Must Occur By: 10/01/2013 11:59 PM; Initial Face-to-Face Documented: (Empty field). Links: CPS Report 9005281, Create Initial Face-to-Face Contact Note, Click to Create Contact Note.
- Birth to Three Referral Information:** Alleged Victim: Baby Basket; DOB: 01/01/2013; Referred: Yes (dropdown menu).

At the bottom, there is an Options dropdown menu, a Go button, and Save and Close buttons. The status bar shows 100% zoom.

**Note:** After the initial Save of the page, the Initial Face-to-Face Contact Information automatically calculates when the Initial Face-to-Face Must Occur By.

**Note:** If an Unborn Child Abuse allegation is part of the assessment with other substantiated or unsubstantiated allegations, the Assessment Results will reflect a combination of the determinations. This is also reflected the outliner for the assessment.

This screenshot shows a portion of the eWiSACWIS UAT web application, specifically the Results tab. A red box highlights the Assessment Results section, which displays: Result: Unsubstantiated/Services Needed (Unborn Child). Other sections visible include Disposition (Case Already Open-Ongoing CPS Svcs: Ptn), Family RA Future A/N (Abuse Score, Neglect Score, Risk Level), Safety Assessment (Safety Decision: Safe), and Strengths and Needs (Needs Level).

16. Next, select the [Create Initial Face-to-Face Contact Note](#) hyperlink to open the Case Notes page.
17. When created from the Results tab of the Assessment, the Case Note Category will pre-fill as 'Initial Assessment Contact' and Type as 'Initial Face-to-Face'. Enter the appropriate information and narrative. Once completed, click the Save button. Click Close to return to the Results tab of the Assessment page.

**Note:** For more information on this process see the Initial Face-to-Face Contacts Quick Reference.

The screenshot shows the 'Case Notes -- Webpage Dialog' window in eWiSACWIS UAT. The form is titled 'Case Notes' and includes a header with 'eWiSACWIS UAT' and navigation links like 'Print', 'Spell Check', and 'Help'. The main form area is divided into sections: 'Case Information' (Case: Basket, Mom (9224000), Worker Creating Note: Bee, Worker, Worker Making Contact: Bee, Worker, Search), 'Note Information' (Date: 10/02/2014, Begin Time: 08:30 AM, End Time: 00:00, Duration: 0000.0, Billable: unchecked, Category: Initial Assess Contact, Type: Initial Face-to-Face, Type Detail: , Face-to-Face Location: Home Visit, Face-to-Face Result: Occurred, View Inactive Participants: unchecked, Participants: Basket, Baby (Bio Child), Basket, Dad (Present Spouse), Basket, Kid (Bio Child), Basket, Mom (Reference Person), Hold down the 'Ctrl' key for multi-selection, Add Contacts), and 'Narrative' (Case Note 1/1 Details, Enter text here..., More... Less... Default). At the bottom are buttons: Insert Correction Note, Clear Fields, Create, Save, and Close.

18. On the Assessment page, the date the Initial Face-to-Face Documented date and time prefill. The Case Note ID number prefills and is a hyperlink to the case note.

The screenshot shows the 'Assessment' page in eWiSACWIS UAT. The page has a header with 'eWiSACWIS UAT' and navigation links like 'Resource', 'TM', 'Print', 'Spell Check', and 'Help'. The main content area is divided into sections: 'Assessment' (Name: Basket, Mom, Assessment ID: 9222051, Status: Open, Response Time: Same Day, Date: 10/01/2013), 'Participants', 'Basic', 'Allegations', 'Contacts', and 'Results'. The 'Results' section includes 'Assessment Results' (Result: Substantiated), 'Disposition', 'Family RA Future A/N' (Abuse Score, Neglect Score, Risk Level), 'Safety Assessment' (Safety Decision), and 'Strengths and Needs' (Needs Level). At the bottom, the 'Initial Face-to-Face Contact Information' section shows 'Initial Face-to-Face Must Occur By: 10/01/2013 11:59 PM', 'Initial Face-to-Face Documented: 10/02/2014 08:30 AM', 'CPS Report 9005281', 'Case Note ID 9224477', and a 'Create Initial Face-to-Face Contact Note' hyperlink.

## IA Primary

19. Click on the Basic tab to access the IA Primary page. Select 'IA Primary' on the Options drop-down and click Go.

The screenshot shows the eWiSACWIS web application in a Windows Internet Explorer browser. The address bar displays <https://apps.dcf.wisconsin.gov/> - Assessment - Windows Internet Explorer. The application header includes the eWiSACWIS logo and navigation links: Resource, TM, Print, Spell Check, and Help. The main content area is divided into two tabs: 'Assessment' and 'Report'. The 'Assessment' tab is active, showing details for 'Name: Basket, Mom', 'Assessment ID: 9222051', and 'Status: Open'. The 'Report' tab shows 'Response Time: Same Day' and 'Date: 10/01/2013'. Below the tabs is a navigation bar with 'Participants', 'Basic', 'Allegations', 'Contacts', and 'Results'. The 'Basic' tab is selected, displaying 'Case Name Information' with fields for C/O, Street #, Street, Apt., City, State, Zip, Country, Phone, Ext., Alt. Phone, Alt. Ext., Fax, and Language Preference. Below this is the 'Living Arrangement of the Child(ren)' section with a dropdown menu showing 'Married two parent household, with two biological/adoptive parents'. The 'Family Characteristics/Conditions' section has three dropdown menus, the first of which is set to 'None Observed'. At the bottom, an 'Options' dropdown menu is open, showing a list of options: 'Assessment', 'Clinical', 'IA Primary' (highlighted), 'IA Secondary or Non Caregivers', 'Actuarial', 'IA Narrative', 'Family RA Future A/N', 'Strengths and Needs', 'Actions', and 'Extension'. A 'Go' button is next to the dropdown. 'Save' and 'Close' buttons are also visible.

20. The following message will appear. Click Yes to continue, or No to not save the Assessment and return to the page.

The screenshot shows a 'Webpage Dialog' box titled 'eWiSACWIS -- Webpage Dialog'. The dialog contains the text: 'This will save the Assessment Information. Do you want to continue?'. At the bottom of the dialog are two buttons: 'Yes' and 'No'.

## IA Primary – Part. Info (Participant Information) Tab

21. On the Initial Assessment – Primary page, start by identifying the participants by clicking Add/Edit within the appropriate Child or Parent Information group box. When clicked, the Case Participant/Collaterals page opens.

Initial Assessment-Primary -- Webpage Dialog

**eWiSACWIS** UAT

Resource TM Print Spell Check Help ?

**Case Information**

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional ☐ IA Completed

**Part. Info** Maltreatment ChildFncng AdultFncng ParentalPractices Summary

**Child Information**

Child Name	DOB
Basket, Kid	10/10/2002
Basket, Baby	01/01/2013

Add/Edit

**Parent Information**

Parental Role Name	DOB
Basket, Mom	10/10/1980
Basket, Dad	02/02/1980

Add/Edit

Options:  Go Save Close

22. Select the checkbox next to the participant(s) to be added and click Continue to add the participant and return to the Part. Info tab.

Case Participants/Collaterals -- Webpage Dialog

**eWiSACWIS** UAT

Print Spell Check Help ?

**Case Participants - Children**

Select	Person Name	DOB
<input checked="" type="checkbox"/>	Basket, Kid	10/10/2002
<input type="checkbox"/>	Basket, Mom	10/10/1980
<input type="checkbox"/>	Basket, Dad	02/02/1980
<input checked="" type="checkbox"/>	Basket, Baby	01/01/2013

Continue Close

## IA Primary – Maltreatment Tab

23. On the Maltreatment tab, select the appropriate answers for the Safety Assessment group box. Enter information regarding the maltreatment in the Maltreatment and Surrounding Circumstances narratives.

The screenshot shows a web application window titled "Initial Assessment-Primary -- Webpage Dialog". The header bar includes the "eWiSACWIS UAT" logo and navigation icons for Resource, TM, Print, Spell Check, and Help. Below the header, the "Case Information" section displays: Case Name: Basket, Mom; Case ID: 9224000; Referral Date: 10/01/2013; Assessment Type: Traditional (dropdown menu); and a checkbox for "IA Completed". A tabbed interface at the bottom of the header shows "Part. Info", "Maltreatment" (selected), "ChildFunctng", "AdultFunctng", "ParentalPractices", and "Summary". The "Maltreatment" tab contains a "Safety Assessment" section with two questions: "One or both parents/caregivers intend(ed) to seriously hurt the child. Details" and "Living arrangements seriously endanger the child's physical health. Details", each with "Yes" and "No" radio button options. Below this is a "Maltreatment" section with two narrative areas: "1. Maltreatment: Describe the maltreatment that occurred. Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings." and "2. Surrounding Circumstances: Describe the surrounding circumstances accompanying or leading up to the maltreatment. Note: This narrative section should always include the parents explanation of circumstances even if the finding is no maltreatment." Each narrative area has a large text input box and a "More... Less... Default" link. At the bottom right of the form are "Save" and "Close" buttons.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS UAT

Resource TM Print Spell Check Help

Case Information

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional IA Completed

Part. Info Maltreatment ChildFunctng AdultFunctng ParentalPractices Summary

Safety Assessment

One or both parents/caregivers intend(ed) to seriously hurt the child. Details ☐ Yes ☐ No

Living arrangements seriously endanger the child's physical health. Details ☐ Yes ☐ No

Maltreatment

1. Maltreatment:

Describe the maltreatment that occurred. Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings.

More... Less... Default

2. Surrounding Circumstances:

Describe the surrounding circumstances accompanying or leading up to the maltreatment. Note: This narrative section should always include the parents explanation of circumstances even if the finding is no maltreatment.

Save Close



## IA Primary – ChildFunctng (Child Functioning) Tab

24. Next, on the Child Functioning tab, select the appropriate answer for the Safety Assessment question. Enter information in the Child Functioning narrative boxes. Each child identified on the Part. Info tab will have a required narrative section.

Initial Assessment-Primary -- Webpage Dialog

**eWiSACWIS** UAT

Resource TM Print Spell Check Help

**Case Information**

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional ☐ IA Completed

Part. Info Maltreatment **ChildFunctng** AdultFunctng ParentalPractices Summary

**Safety Assessment**

The child is profoundly fearful of the home situation or people within the home. [Details](#) ☐ Yes ☐ No

**Child Functioning**

Child Name: Basket, Kid

Describe the child's general functioning and effects of any maltreatment.

Row 1 of 2

Describe...

[More...](#) [Less...](#) [Default](#)

Save Close

## IA Primary – AdultFncng (Adult Functioning) Tab

25. On the Adult Functioning tab, select the appropriate answers for the Safety Assessment questions. Enter information in the Adult Functioning narrative boxes. Each adult identified on the Part. Info tab will have a required narrative section.

The screenshot displays the 'Initial Assessment-Primary -- Webpage Dialog' window. The title bar includes the eWiSACWIS UAT logo and navigation icons for Resource, TM, Print, Spell Check, and Help. The 'Case Information' section at the top shows 'Case Name: Basket, Mom', 'Case ID: 9224000', 'Referral Date: 10/01/2013', 'Assessment Type: Traditional', and an unchecked 'IA Completed' checkbox. Below this is a tabbed interface with 'Part. Info', 'Maltreatment', 'ChildFncng', 'AdultFncng' (selected), 'ParentalPractices', and 'Summary'. The 'AdultFncng' tab contains a 'Safety Assessment' section with two questions: 'One or both parents/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.' and 'One or both parents/caregivers are violent.', each with 'Yes' and 'No' radio buttons. Below the safety assessment is the 'Adult Functioning' section, which includes 'Parental Role Name: Basket, Mom' and a text area for describing the adult's general functioning, daily life management, mental health, and substance use. The text area is labeled 'Row 1 of 2' and contains the placeholder text 'Describe...'. At the bottom of the text area are links for 'More...', 'Less...', and 'Default'. The window concludes with 'Save' and 'Close' buttons.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS UAT

Resource TM Print Spell Check Help

Case Information

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional IA Completed

Part. Info Maltreatment ChildFncng **AdultFncng** ParentalPractices Summary

**Safety Assessment**

One or both parents/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior. [Details](#) ☐ Yes ☐ No

One or both parents/caregivers are violent. [Details](#) ☐ Yes ☐ No

**Adult Functioning**

Parental Role Name: Basket, Mom

Describe the adult's general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.)

Row 1 of 2

Describe...

[More...](#) [Less...](#) [Default](#)

[Save](#) [Close](#)

## IA Primary – Parental Practices Tab

26. On Parental Practices tab select the appropriate Yes or No radio button for the Safety Assessment questions. Next, complete the narrative sections. Disciplinary Approaches and Parenting Practices narratives are completed for each adult. The Family Functioning narrative is completed once for the family as a whole.

The screenshot shows the 'Initial Assessment-Primary -- Webpage Dialog' window. The title bar includes the eWiSACWIS UAT logo and navigation icons for Resource, TM, Print, Spell Check, and Help. The 'Case Information' section at the top displays: Case Name: Basket, Mom; Case ID: 9224000; Referral Date: 10/01/2013; Assessment Type: Traditional; and a checkbox for 'IA Completed'. Below this is a tabbed interface with 'ParentalPractices' selected. The 'Safety Assessment' section contains six questions with 'Yes' or 'No' radio buttons: 'The child has exceptional needs which the parents/caregivers cannot or will not meet.', 'No adult in the home will perform parental duties and responsibilities.', 'One or both parents/caregivers fear they will maltreat the child and/or request placement.', 'One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.', 'One or both parents/caregivers have extremely negative perceptions of the child.', and 'Family does not have or use resources necessary to assure the child's basic needs.' The 'Disciplinary Approaches' section shows 'Parental Role Name: Basket, Mom' and a text area for 'Describe the disciplinary approaches generally used by the parent and the typical context within which they are used.' The 'Parenting Practices' section shows 'Parental Role Name: Basket, Mom' and a text area for 'Describe the parent's general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.)'. 'Save' and 'Close' buttons are at the bottom right.

## IA Primary – Summary Tab

27. The Summary tab is the last tab of the Initial Assessment – Primary page. Document the Family Support Network information if the case is being opened for services, otherwise complete the Closing Summary. Complete the Case Disposition information.

The screenshot shows a web application window titled "Initial Assessment-Primary -- Webpage Dialog". The header bar includes the "eWiSACWIS UAT" logo and navigation icons for Resource, TM, Print, Spell Check, and Help. The main content area is divided into tabs: Part. Info, Maltreatment, ChildFncng, AdultFncng, ParentalPractices, and Summary. The Summary tab is active, displaying three sections: "Family Support Network" with a text area and "More... Less... Default" links; "Closing Summary" with a text area and "More... Less... Default" links; and "Case Disposition" with radio buttons for "Case Closed" and "Case Opened", each followed by a "Reason Case" dropdown menu. At the bottom right, there are "Save" and "Close" buttons.

**Initial Assessment-Primary -- Webpage Dialog**

**eWiSACWIS UAT**

Resource TM Print Spell Check Help

**Case Information**

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional ☐ IA Completed

**Part. Info Maltreatment ChildFncng AdultFncng ParentalPractices Summary**

**Family Support Network**

If opening/transferring the case for services complete this section by describing the family's support network, taking into account the family's cultural context. Otherwise, go directly to the Closing Summary.

[More...](#) [Less...](#) [Default](#)

**Closing Summary**

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

[More...](#) [Less...](#) [Default](#)

**Case Disposition**

☐ Case Closed Reason Case Closed:

☐ Case Opened Reason Case Opened:

**Save Close**

28. The Summary tab also contains a Correspondence documentation group box for a Mandated Reporter or Relative Reporter. Enter the appropriate information.

**Note:** These templates are available under the Options drop-down of the Assessment page.

The screenshot displays the 'Initial Assessment-Primary -- Webpage Dialog' window. The title bar includes the application name and a close button. The main header features the 'eWiSACWIS UAT' logo and a menu bar with icons for Resource, TM, Print, Spell Check, and Help. Below the header, the 'Case Information' section is active, showing fields for Case Name (Basket, Mom), Case ID (9224000), Referral Date (10/01/2013), and Assessment Type (Traditional). A checkbox for 'IA Completed' is also present. A tabbed interface below shows 'Summary' as the selected tab, with other tabs including 'Part. Info', 'Maltreatment', 'ChildFnctng', 'AdultFnctng', and 'ParentalPractices'. The 'Summary' tab contains a 'Case Disposition' section with radio buttons for 'Case Closed' and 'Case Opened', each followed by a 'Reason' dropdown menu. Below this is a 'Correspondence' section with two sub-sections: 'Mandated Reporter' and 'Relative Reporter'. The 'Mandated Reporter' section has a 'Not applicable' checkbox and a 'Date mandated reporter given feedback' field. The 'Relative Reporter' section has a 'Not applicable' checkbox, a 'Documented request for information received from relative reporter' checkbox with a date field, and a 'Date Letter Sent' checkbox with a date field, followed by an 'OR' condition and a 'Date of Court Order Barring Disclosure' checkbox with a date field. At the bottom right of the dialog are 'Save' and 'Close' buttons.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS UAT

Resource TM Print Spell Check Help

Case Information

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional IA Completed

Part. Info Maltreatment ChildFnctng AdultFnctng ParentalPractices Summary

More... Less... Default

Case Disposition

☐ Case Closed Reason Case Closed:

☐ Case Opened Reason Case Opened:

Correspondence

Mandated Reporter

☐ Not applicable

Date mandated reporter given feedback:

Relative Reporter

☐ Not applicable

☐ Documented request for information received from relative reporter:

☐ Date Letter Sent:  OR Date of Court Order Barring Disclosure:

Save Close

29. Next, return to the Part. Info tab, and select 'Safety Assessment, Analysis and Plan' on the Options drop-down. Click Go to open the page.

Initial Assessment-Primary -- Webpage Dialog

**eWiSACWIS** UAT Resource TM Print Spell Check REC Help ?

**Case Information**

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional ☐ IA Completed

**Part. Info** | Maltreatment | ChildFncng | AdultEncng | ParentalPractices | Summary

**Child Information**

Child Name	DOB
Basket, Kid	10/10/2002
Basket, Baby	01/01/2013

Add/Edit

**Parent Information**

Parental Role Name	DOB
Basket, Mom	10/10/1980
Basket, Dad	02/02/1980

Add/Edit

Options: Safety Assessment, Analysis and Plan Go Save Close

Action  
Safety Assessment, Analysis and Plan  
Text  
Initial Assessment Primary

## Safety Assessment, Analysis and Plan – Part. Info (Participant Information) Tab

30. When opened, the Part. Info tab will pre-fill with the same participants identified in the Part. Info tab of the Initial Assessment – Primary page. Select Add/Edit if changes need to be made regarding the identified participants.

The screenshot shows a web application window titled "Safety Assessment, Analysis and Plan -- Webpage Dialog". The application has a purple header bar with the logo "eWiSACWIS UAT" and a menu bar with icons for Resource, TM, Print, Spell Check, and Help. Below the header, there is a "General" section with fields for Name (Mom Basket), Worker (Worker Bee), Approval Date, Type (Initial Assessment Primary), and a Completed checkbox. The main content area has four tabs: "Part. Info" (selected), "Safety Assessment", "Description of Safety Threats", and "Plan Analysis". Under the "Part. Info" tab, there are two sections: "Child Information" and "Parent/Caregiver Information". Each section contains a table with two columns: Name and DOB. The "Child Information" table lists "Basket, Baby" with DOB "01/01/2013" and "Basket, Kid" with DOB "10/10/2002". The "Parent/Caregiver Information" table lists "Basket, Dad" with DOB "02/02/1980" and "Basket, Mom" with DOB "10/10/1980". Both tables have an "Add/Edit" button to their right. At the bottom of the window, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons.

Child Name	DOB
Basket, Baby	01/01/2013
Basket, Kid	10/10/2002

Parent/Caregiver Name	DOB
Basket, Dad	02/02/1980
Basket, Mom	10/10/1980

## Safety Assessment, Analysis and Plan – Safety Assessment Tab

31. The Safety Assessment tab contains all 11 safety questions that were answered as part of the Initial Assessment – Primary. Make any necessary changes and scroll down to the Safety Assessment and Conclusion group box. Enter the Date of Safety Assessment.

**Note:** DMCPs workers should complete the DMCPs Safety Services group box as applicable.

- If all safety questions are answered 'No,' enter the date of the safety assessment, open the Safety Assessment template from the Options drop-down, check the Completed checkbox in the upper right-hand corner, and click Save. Click Close to return to the Initial Assessment – Primary page. Proceed to step 37 of this guide.
- If any safety question is answered 'Yes', proceed to the next step.

**Safety Assessment, Analysis and Plan -- Webpage Dialog**

**eWiSACWIS UAT** Resource TM Print Spell Check Help

**General**

Name: Mom Basket Worker: Worker Bee Approval Date: Type: Initial Assessment Primary ☐ Completed

**Safety Assessment** Description of Safety Threats Plan Analysis

**Safety Assessment**

One or both parents/caregivers have extremely negative perceptions of the child. [Details](#) ☒ Yes ☐ No

Family does not have or use resources necessary to assure the child's basic needs. [Details](#) ☐ Yes ☒ No

One or both parents/caregivers fear they will maltreat the child and/or request placement. [Details](#) ☐ Yes ☒ No

One or both parents/caregivers intend(ed) to seriously hurt the child. [Details](#) ☐ Yes ☒ No

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. [Details](#) ☒ Yes ☐ No

The child has exceptional needs which the parents/caregivers cannot or will not meet. [Details](#) ☐ Yes ☒ No

Living arrangements seriously endanger the child's physical health. [Details](#) ☒ Yes ☐ No

The child is profoundly fearful of the home situation or people within the home. [Details](#) ☒ Yes ☐ No

**Safety Assessment and Conclusion**

One or more factors that negatively affect safety are identified: ☒ Yes ☐ No

Date of Safety Assessment: 00/00/0000

If the answer is No, then the child(ren) is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answer is Yes, then the child(ren) may be unsafe. Please continue with the Description of Safety Threats and Plan Analysis tabs.

Options:



## Safety Assessment, Analysis and Plan – Description of Safety Threats Tab

32. The Description of Safety Threats tab displays the Safety Threats selected on the previous tab, with required narrative text to describe each identified safety threat. The Services Available/Accessible group box questions are view only on this tab.

**Safety Assessment, Analysis and Plan -- Webpage Dialog**

**eWiSACWIS<sup>UAT</sup>** Resource TM Print Spell Check Help

**General**

Name: Mom Basket Worker: Worker Bee Approval Date: Type: Initial Assessment Primary ☐ Completed

Part. Info Safety Assessment **Description of Safety Threats** Plan Analysis

**Safety Threats**

Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

	Row 1 of 6
No adult in the home will perform parental duties and responsibilities. Description: Describe...	
One or both parents/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior. Description: Describe...	Row 2 of 6

**Services Available/Accessible**

All Needed Services/activities provided. ☐ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☐ Yes ☐ No

Options:  Go Save Close

## Safety Assessment, Analysis and Plan – Plan Analysis Tab

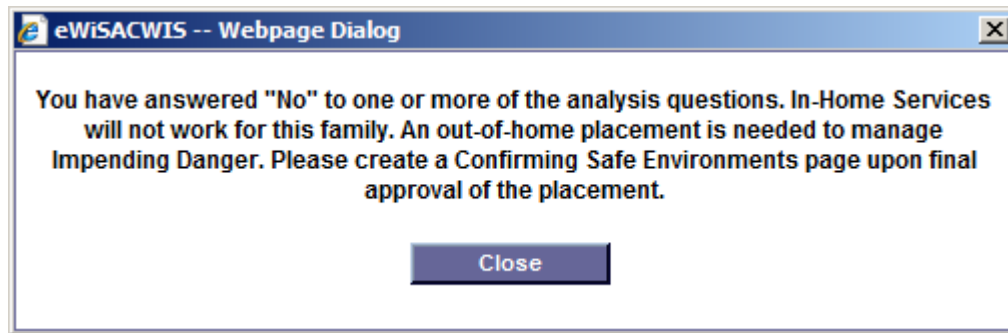
33. On the Plan Analysis tab, how the first question: ‘Can and will the non-maltreating parent or another adult in the home protect the child(ren)?’ is answered affects how the rest of the tab works. If ‘Yes,’ is selected the corresponding narrative becomes required and the Analysis questions are disabled. If ‘No’ or ‘N/A,’ the narrative is disabled and the Analysis questions are enabled and required.

The screenshot shows the 'eWiSACWIS UAT' Webpage Dialog. The 'General' tab is active, displaying fields for Name (Mom Basket), Worker (Worker Bee), Approval Date, Type (Initial Assessment Primary), and a 'Completed' checkbox. Below this, the 'Plan Analysis' tab is selected. The 'Parent / Caregiver Protective Capacity' section contains the question 'Can and will the non-maltreating parent or another adult in the home protect the child(ren)?' with radio buttons for Yes, No, and N/A. The 'No' option is selected. Below this question is a large text area for justification. The 'Analysis' section contains five questions, each with Yes/No radio buttons. All 'Yes' options are selected. At the bottom, there is an 'Options' dropdown, a 'Go' button, and 'Save' and 'Close' buttons.

34. If all of the Analysis questions are answered ‘Yes,’ you will receive the following message. Selecting ‘Yes’ will take you to the Plan Analysis tab to enter the In-Home Services that will be implemented to ensure safety of the child(ren) in the home. Selecting ‘No’ returns you to the Plan Analysis tab.

The screenshot shows a message box from the 'eWiSACWIS -- Webpage Dialog'. The message reads: 'You have answered "Yes" to all of the analysis questions. In-Home Services will work for this family. Please proceed to develop services for the In-Home Safety Plan. Please select Yes to add services at this time. Select No to remain on this tab.' At the bottom of the message box are two buttons: 'Yes' and 'No'.

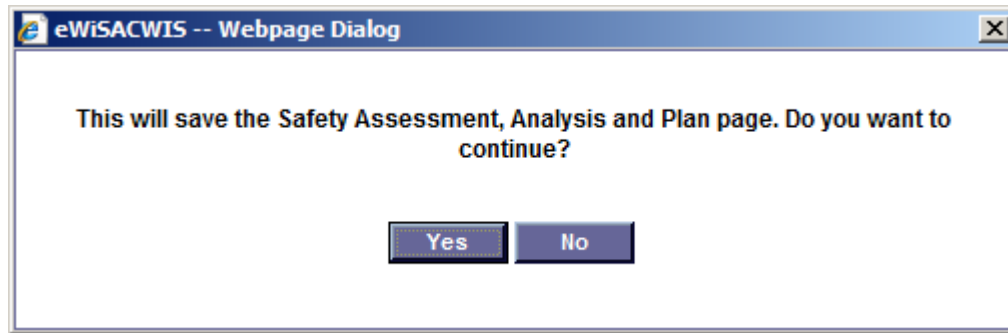
35. If one or more of the Analysis questions are answered 'No,' the following message will appear directing you to complete a Confirming Safe Environments:



36. If In-Home Services may work for this family, enter the services that will be implemented by clicking the [Add/Edit Services](#) hyperlink on the Description of Safety Threats tab.

A screenshot of the eWiSACWIS UAT web application. The browser window title is "Safety Assessment, Analysis and Plan -- Webpage Dialog". The application header includes the "eWiSACWIS UAT" logo and icons for Resource, TM, Print, Spell Check, and Help. The "General" tab is selected, displaying fields for Name (Mom Basket), Worker (Worker Bee), Approval Date, Type (Initial Assessment Primary), and a "Completed" checkbox. Below the tabs are "Part Info", "Safety Assessment", "Description of Safety Threats", and "Plan Analysis". The "Description of Safety Threats" tab is active, showing a "Safety Threats" section with a description field and an "Add/Edit Services" link. Below this is a "Services Available/Accessible" section with two questions and radio button options for Yes/No. At the bottom, there is an "Options" dropdown and "Save" and "Close" buttons.

37. Clicking the [Add/Edit Services](#) link displays the following message.



Click 'Yes' to save and open the Safety Plan Services page, or 'No' to return to the Safety Assessment, Analysis and Plan page without saving.

38. The Safety Plan Services page prefills the identified safety factor and the description of why that factor was selected. Click Insert in the Safety Services group box to add a Service and complete the following:

- Select the appropriate Service/Activity.
- Enter the name of the provider or responsible person providing the service.
- Complete information for the two narrative boxes.
- Select the appropriate answer for the service and provider questions.

Click Insert to add as many services being established to address this safety factor. When all services are entered, click Save. Click Close to return to the Safety Assessment, Analysis and Plan page.

A screenshot of the "Safety Plan Services" webpage. The title bar says "Safety Plan Services -- Webpage Dialog". The page has a header with the "eWiSACWIS UAT" logo and navigation links for "Print", "Spell Check", and "Help". The main content area is divided into two sections. The first section, "Identified Safety Factor and Description", contains the text "No adult in the home will perform parental duties and responsibilities." and a "Description:" label above a text area with "Describe...". The second section, "Safety Services", contains a table with the following rows:

Service/Activity:	Provider/Resp. Person:	
Basic Home Management/Life Skills	Provider/Resp. Person	Row 1 of 1
Describe the availability, accessibility and suitability of the safety service provider involved.	Describe...	
Specifically explain the safety services/activity and how it will control the threat identified.	Describe...	

Below the table are two questions with radio button options: "This needed service/activity exists." (Yes/No) and "Service/activity/provider is currently available at level/time required." (Yes/No). At the bottom right of the "Safety Services" section is an "Insert" button. At the bottom of the page are "Save" and "Close" buttons.

39. The Service/Activity and Provider/Responsible Person displays on the Description of Safety Threats tab. The Services Available/Accessible questions now have answers pre-filled. If both of the Services Available/Accessible questions are answered 'Yes,' then document narrative for 'Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.'

The screenshot shows the 'eWiSACWIS UAT' web application interface. The title bar reads 'Safety Assessment, Analysis and Plan -- Webpage Dialog'. The main header includes the application name and navigation icons for Resource, TM, Print, Spell Check, and Help. The 'General' section at the top contains fields for Name (Mom Basket), Worker (Worker Bee), Approval Date, Type (Initial Assessment Primary), and a Completed checkbox. Below this is a tabbed interface with four tabs: Part Info, Safety Assessment, Description of Safety Threats (selected), and Plan Analysis. The 'Description of Safety Threats' tab contains a 'Describe...' text area, an 'Add/Edit Services' link, and a table with two columns: 'Service/Activity' and 'Provider/Responsible Person'. The table has one row with the values 'Basic Home Management/Life Skills' and 'Provider/Resp. Person'. Below the table is the 'Services Available/Accessible' section, which contains two questions with radio button answers: 'All Needed Services/activities provided.' (Yes selected) and 'All Needed Services/activities/providers are available at level/time required.' (Yes selected). Below these questions is a text area labeled 'Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.' which is highlighted with a red box. At the bottom of the form, there is an 'Options:' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons.

**General**

Name: Mom Basket      Worker: Worker Bee      Approval Date:      Type: Initial Assessment Primary      ☐ Completed

**Description of Safety Threats**

Describe...

[Add/Edit Services](#)

Service/Activity	Provider/Responsible Person
Basic Home Management/Life Skills	Provider/Resp. Person

**Services Available/Accessible**

All Needed Services/activities provided.      ☒ Yes      ☐ No

All Needed Services/activities/providers are available at level/time required.      ☒ Yes      ☐ No

Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.

Describe...

Options:

40. From the Options drop-down, open the two templates associated with the Safety Assessment and Plan page: the Safety Assessment and the Safety Analysis and Plan.

**Safety Assessment, Analysis and Plan -- Webpage Dialog**

**eWiSACWIS<sup>UAT</sup>** Resource TM Print Spell Check Help

**General**

Name: Mom Basket Worker: Worker Bee Approval Date: Type: Initial Assessment Primary ☒ Completed

Part Info Safety Assessment Description of Safety Threats Plan Analysis

Describe...

[Add/Edit Services](#)

Service/Activity	Provider/Responsible Person
Basic Home Management/Life Skills	Provider/Resp. Person

**Services Available/Accessible**

All Needed Services/activities provided. ☒ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☒ Yes ☐ No

Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.

Describe...

Options:  Go

- Text
- Safety Assessment
- Safety Analysis and Plan

Save Close

41. Once completed, check the Completed checkbox of the Safety Assessment, Analysis and Plan click Save. Click Close to return to the Initial Assessment – Primary page.

42. On the Initial Assessment – Primary page, select the ‘Initial Assessment Primary’ from the Options drop-down and click Go to generate the template.

**Initial Assessment-Primary -- Webpage Dialog**

**eWiSACWIS UAT**

Resource TM Print Spell Check REC Help ?

**Case Information**

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional ☒ IA Completed

**Part. Info** | Maltreatment | ChildFncng | AdultEncng | ParentalPractices | Summary

**Child Information**

Child Name	DOB
Basket, Baby	01/01/2013
Basket, Kid	10/10/2002

[Add/Edit](#)

**Parent Information**

Parental Role Name	DOB
Basket, Dad	02/02/1980
Basket, Mom	10/10/1980

[Add/Edit](#)

Options: Initial Assessment Primary [Go](#) [Save](#) [Close](#)

[Action](#)  
Safety Assessment, Analysis and Plan  
[Text](#)  
**Initial Assessment Primary**

43. When the IA Primary is complete, check the IA Completed checkbox. This checkbox must be checked prior to approval. Click Save, and then Close to return to the Assessment page.

**eWiSACWIS UAT**

Resource TM Print Spell Check REC Help ?

**Case Information**

Case Name: Basket, Mom Case ID: 9224000 Referral Date: 10/01/2013 Assessment Type: Traditional ☒ IA Completed

**Part. Info** | Maltreatment | ChildFncng | AdultEncng | ParentalPractices | Summary

**Child Information**

Child Name	DOB
Basket, Baby	01/01/2013
Basket, Kid	10/10/2002

44. On the Assessment page, verify information on all the tabs is complete. If applicable, link any new CPS Reports to the Assessment, otherwise, proceed to the Participants tab to send for Approval.

https://apps.dcf.wisconsin.gov/?action=EDIT&IVGN\_ID\_CASE=9224000&IVGN\_ID\_INV5=9222051 - Assess - Windows Intern...  
e **WiSACWIS** UAT Resource TM Print Spell Check Help

**Assessment**  
Name: Basket, Mom      Assessment ID: 9222051      Status: Open

**Report**  
Response Time: Same Day      Date: 10/01/2013

Participants      **Basic**      Allegations      Contacts      Results

**Case Name Information**  
C/O:  
Street #: 123      Street: Fishers St  
Apt.:  
City: Monona      State: WI      Zip: 53716      Country: United States  
Phone: (608)123-4545      Ext.:      Alt. Phone:      Alt. Ext.:  
Fax:  
Language Preference: English

**Living Arrangement of the Child(ren)**  
Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

**Family Characteristics/Conditions**  
Family Characteristics/Conditions: None Observed  
Family Characteristics/Conditions:  
Family Characteristics/Conditions:

Options:      Go      Save      Close

100%



## Linking a CPS Report to Assessment

45. If a CPS Report is screened in while working on an Assessment it can be linked to that assessment. From the Participants tab, select 'Link Report to Assessment' from the Options drop-down and click Go.

https://apps.dcf.wisconsin.gov/?action=EDIT&IVGN\_ID\_CASE=9224000&IVGN\_ID\_INVS=9222051 - Assess - Windows Intern...

**eWiSACWIS UAT** Resource TM Print Spell Check Help

**Assessment**  
Name: Basket, Mom      Assessment ID: 9222051      Status: Open

**Report**  
Response Time: Same Day      Date: 10/01/2013

Participants      Basic      Allegations      Contacts      Results

**Assessment Participants**

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">Mom Basket</a>	Female	10/10/1980	White	AM-HM-PR-RN	<a href="#">Roles</a>
<a href="#">Madison Teacher</a>	Female	12/12/1970	Black/African American	RP	<a href="#">Roles</a>
<a href="#">Dad Basket</a>	Male	02/02/1980	White	AM-HM-PR	<a href="#">Roles</a>
<a href="#">Kid Basket</a>	Female	10/10/2002	White	AV-HM	<a href="#">Roles</a>
<a href="#">Baby Basket</a>	Male	01/01/2013	White	AV-HM	<a href="#">Roles</a>

[Create/View ICWA Record](#) [Insert](#)

Options: [Link Report to Assessment](#) [Go](#) [Save](#) [Close](#)

Actions  
Approval  
**Link Report to Assessment**

100%

On the Assessment Report Link page, select the appropriate CPS Report(s). Click Continue to associate the CPS Report to the Assessment and return to the Assessment page.

**Assessment Report Link -- Webpage Dialog**

**eWiSACWIS UAT** Print Spell Check Help

**CPS Reports**

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input checked="" type="checkbox"/>	Mom Basket	10/14/2014 11:17:00	10/13/2014 20:32:00

[Continue](#) [Close](#)

## Sending the Completed Assessment for Approval

46. From the Participants tab, select 'Approval' from the Options drop-down and click Go.

The screenshot shows the eWiSACWIS UAT web application. The browser address bar displays the URL: [https://apps.dcf.wisconsin.gov/?action=EDIT&TVGN\\_ID\\_CASE=9224000&TVGN\\_ID\\_INV5=9222051](https://apps.dcf.wisconsin.gov/?action=EDIT&TVGN_ID_CASE=9224000&TVGN_ID_INV5=9222051). The page title is "Assess - Windows Intern...". The application header includes the eWiSACWIS UAT logo and navigation links: Resource, TM, Print, Spell Check, and Help. The main content area is divided into two sections: "Assessment" and "Report". The "Assessment" section displays the following information: Name: Basket, Mom; Assessment ID: 9222051; Status: Open. The "Report" section displays: Response Time: Same Day; Date: 10/01/2013. Below these sections is a tabbed interface with tabs: Participants, Basic, Allegations, Contacts, and Results. The "Participants" tab is selected, showing a table of "Assessment Participants". The table has columns: Name, Gender, DOB, Race, Roles, and Edit Roles. The data rows are: Mom Basket (Female, 10/10/1980, White, AM-HM-PR-RN, Roles), Madison Teacher (Female, 12/12/1970, Black/African American, RP, Roles), Dad Basket (Male, 02/02/1980, White, AM-HM-PR, Roles), Kid Basket (Female, 10/10/2002, White, AV-HM, Roles), and Baby Basket (Male, 01/01/2013, White, AV-HM, Roles). Below the table is a "Create/View ICWA Record" link and an "Insert" button. At the bottom, there is an "Options:" dropdown menu set to "Approval", a "Go" button, and "Save" and "Close" buttons. A dropdown menu is open under "Options", showing "Actions", "Approval" (selected), and "Link Report to Assessment".

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">Mom Basket</a>	Female	10/10/1980	White	AM-HM-PR-RN	<a href="#">Roles</a>
<a href="#">Madison Teacher</a>	Female	12/12/1970	Black/African American	RP	<a href="#">Roles</a>
<a href="#">Dad Basket</a>	Male	02/02/1980	White	AM-HM-PR	<a href="#">Roles</a>
<a href="#">Kid Basket</a>	Female	10/10/2002	White	AV-HM	<a href="#">Roles</a>
<a href="#">Baby Basket</a>	Male	01/01/2013	White	AV-HM	<a href="#">Roles</a>

47. The following message will display as a reminder to complete the Screening tab of the ICWA Record. Click Close to close the message.

The screenshot shows a "Webpage Dialog" box titled "eWiSACWIS -- Webpage Dialog". The message inside the dialog is: "Please complete the questions on the Screening tab of the ICWA Record and launch the Screening for Child's Status as Indian document." At the bottom of the dialog is a "Close" button.

48. If the ICWA Screening tab has been completed, proceed to the next step, otherwise, to create or view an ICWA record for a child, click the [Create/View ICWA Record](#) hyperlink at the lower left of the Participants tab on the Assessment page (see step 5 above). For more information regarding completing the ICWA Record, see the Documenting ICWA Quick Reference Guide.

49. On the Approval History page, select the Approve radio button and click Continue to return to the Assessment page. Click Save to send the assessment for supervisory approval.

## Recording a Date of Death for a Child

A date of death for a child can be recorded on the following pages: Person Management, Allegation (Access Report), Allegation (Assessment), Serious Incident Notification, and Placement & Service Ending.

In Assessment, the field will dynamically display if a death is indicated on the page and is required when a determination other than pending is selected. If a Death Date is already entered on Person Management, the date pre-fills to the page. If a Death Date is changed on the Allegation page, Death Date on Person Management will be updated after the Assessment is approved. The Death Date field will always remain editable on Person Management but will freeze on the Assessment and will not be able to be changed after it has been approved.

**Allegation (Assessment) -- Webpage Dialog**

**eWiSACWIS** Print Spell Check REC Help ?

**Allegation**

Alleged Victim: Adopt Abby

Abuse/Neglect Code: Physical Abuse

Description: Blunt Force Trauma

Determination: Pending

**Date or Approximate Date of Alleged Maltreatment:** 10/01/2013

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: ☒ Yes ☐ No

☒ Death / Alleged maltreatment Details

☐ Death / Alleged suicide OHC

☐ Serious injury Details

☐ Egregious incident Details

[DCF memo 2010-01](#) [Act 78](#)

Death Date: 00/00/0000

Save Close

**Note:** The Death Date on an approved Access Report or Assessment, or the most recently entered date of death in Person Management will prefill to the Serious Incident Notification. The Death Date field displays when the Death/Alleged Maltreatment or Death/ Alleged Suicide checkbox is selected on the page.

**Note:** If allegations rise to the level of a Serious Incident, Wisconsin Act 78 requires county agencies and the Division of Milwaukee Child Protective Services (DMCPS) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. See the Serious Incident (Act 78) Quick Reference Guide for more information.

